

For Board Use Only
Fee Paid: _____
Date: _____
Receipt #: _____
Applicant #: _____



GEORGIA STATE BOARD OF COSMETOLOGY AND BARBERS

237 Coliseum Drive
Macon, Georgia 31217
Phone (404) 424-9966
www.sos.ga.gov

DUPLICATE LICENSE CARD ORDER FORM

To request a duplicate license card, please complete the following form and enclose a check or money order in the amount of **\$25.00** made payable to the Georgia State Board of Cosmetology and Barbers and mail to the address listed above. **Salon/Shop or school licensees who are requesting a duplicate license are approved only for a lost or stolen license. A change of business name, address/location, or ownership requires a new application.** (See website for application forms.)

Type License (check one):

- | | |
|---|--|
| <input type="checkbox"/> Master Cosmetologist | <input type="checkbox"/> Hair Designer |
| <input type="checkbox"/> Esthetician | <input type="checkbox"/> Nail Technician |
| <input type="checkbox"/> Master Barber | <input type="checkbox"/> Barber II |
| <input type="checkbox"/> Instructor | <input type="checkbox"/> Apprentice |
| <input type="checkbox"/> Salon/Shop | <input type="checkbox"/> School |

License #: _____

Reason for Duplicate License:

- ☐ Name Change** ☐ Address Change ☐ Lost/Stolen

****Complete order form in your new LEGAL NAME. Submit photocopy of legal documentation for changing name: Marriage Certificate; Filed Marriage License; Divorce Decree; Court Order. Salon/Shop or schools who are changing names, addresses, or ownership will have to submit a new application (see website for application forms).**

Name of licensee or facility: _____
(Please print CLEARLY)

Mailing Address: _____
(Street or PO Box)

(City) (State) (Zip)

Daytime Phone #: () Cell Phone: ()

Email Address: _____
(Please print clearly)

Signature: _____ Date _____